

Autism Spectrum Disorder Task Force Recommendations:
A Summary of State Reports
Part I

June 2008

Compiled by Louise Lord Nelson, Ph.D.

Supported by the Indiana Department of Education, Center for Exceptional Learners. Robert Marra, Ed.D., Assistant Superintendent for Exceptional Learners

This summary of state reports focuses on task force recommendations to support children and adults diagnosed with autism spectrum disorders. While there are several states with task forces organized by non-profits and direct service agencies, this summary only overviews the 34 accessible reports of task forces brought together by a state entity (e.g., the Department of Education, the Office of the Governor, the Mental Health Department, the Department on Developmental Disabilities, or the Governor's Planning Council). The task force report dates range from 1998 to present. These reports included executive summaries, focus group findings, and final reports.

The recommendations which came from these plans are grouped within the categories of funding, services, training/licensure, establishing partnerships and insurance. Within the categories, recommendations were grouped when possible; therefore, please check each individual state report for exact phrasing and explanation. In some cases, the state reports did not include recommendations. Links to those reports are still included in the Websites and Contact Information section. Finally, it is necessary to note that no information on the application or follow-through of these recommendations by states is included.

Tips on how to use this document

Pages 3 and 4 of Part I list the web links or contact person for the reports acquired for this overview. Beginning on page 5, the reader can find overview information including: under what lead agency or public office the task force was created, whether or not the task force came together based on a legislative mandate, the term of the task force, whether an individual diagnosed with ASD served on the task force, the membership, the frequency of the meetings, the mission, the methodology used, and what actions or findings were unique to that task force. From this list, the reader can determine which plans might be of interest.

Part II is organized by recommendations with the names of corresponding states and the page on which the information can be found in that state's report. This format allows the reader to:

- quickly glance through and locate recommendations of interest;
- identify in which reports and on what pages the information can be found, and;
- assess what other states have proposed to improve services

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	Websites and Contact Information
Alabama	http://www.camward.com/articles/2008/AutismTaskForce/Recommendations.pdf (Preliminary recommendations) www.autism-alabama.org/docman/minutes/full-task-force-birmingham/download.html (Phase 1 of Needs Assessment)
Alaska	http://www.hss.state.ak.us/gcdse/Publications/pdf/2006_autism.pdf
California	http://senweb03.senate.ca.gov/autism/index.html
Colorado	http://www.cde.state.co.us/cdesped/SD-Autism.asp (Task Force Outcome: A manual for teachers, service providers, and parents)
Connecticut	“Guidelines for Identification and Education of Children and Youth with Autism” Accessed through the Connecticut State Education Resource Center. No report on-line
Delaware	http://www.ldaf.com/PDFs/advocacy/Task_Force_Report.pdf
Florida	Governor Charlie Crist announces creation of Task Force on Autism Spectrum Disorders 3/7/2008. No report on-line
Hawaii	http://doe.k12.hi.us/reports/tolegislature_2004/autism.pdf (Legislative Report)
Idaho	Accessed through Mary Bostick, Ph.D. Center on Disability and Human Development, Moscow, Idaho. No report on-line
Illinois	http://www.thearcofil.org/secure/reveal/admin/uploads/documents/231301280_AUTISMILLegisReport09142005.pdf
Indiana	http://www.doe.state.in.us/exceptional/asdtaskforce/welcome.html
Iowa	http://www.medicine.uiowa.edu/autismservices/bestpractices/ (Competencies versus Recommendations)
Kansas	http://web.mac.com/wasmer_ms/KCAL/Autism_Task_Force.html (Task Force currently meeting – no recommendations) http://www.governor.ks.gov/news/NewsRelease/2007/nr-07-0710a.htm
Kentucky	http://chfs.ky.gov/NR/rdonlyres/C0B52FED-F0CA-4049-A441-46ECCD1E5622/0/LOUISVILLEASDCommissionComprehensiveStatePlan.DOC
Louisiana	http://www.legis.state.la.us/billdata/streamdocument.asp?did=479564 (Concurrent resolution to create joint committee)
Maine	http://www.madsec.org/docs/ATFReport.pdf
Maryland	http://www.bcc-asa.org/AutismTaskForceMemoandReport.pdf
Michigan	http://www.cenmi.org/asd/default.asp
Minnesota	Accessed through the Minnesota Department of Education, Special Education Policy Division – specific to early childhood Document #1: Report to the Legislature Report #2 Check for Autism Really Early [CARE] Not found on-line
Mississippi	http://www.dmh.state.ms.us/pdf/ReportFinal2.pdf
Nebraska	http://www.nlc.state.ne.us/epubs/E2480/B012-2001.pdf
Nevada	http://dhhs.nv.gov/autism/14-Autism_Summit_Rpt.pdf (NAS) www.nevadadccouncil.org/pdf/NAS2%20final%20report.pdf (NAS:2)
New Hampshire	http://iod.unh.edu/atf.pdf

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New Jersey	http://www.celebratethechildren.org/documents/Indicators.pdf (quality indicators to guide services rather than recommendations)
New York	http://www.regents.nysed.gov/2008Meetings/March2008/0308vesidd4.doc
Ohio	http://www.ohioautismlegislation.org/index.php?option=com_content&task=view&id=50&Itemid=1 http://www.asgc.org/Ohio_Autism_Taskforce.htm
Oregon	http://www.ode.state.or.us/search/page/?id=304
Pennsylvania	http://www.dpw.state.pa.us/General/AboutDPW/SecretaryPublicWelfare/AutismTaskForce/ See table below
South Carolina	http://www.scstatehouse.net/sess115_2003-2004/bills/4477.htm (Legislation only - Coordinated by SC Autism Society)
Texas	http://www.dads.state.tx.us/autism/index.cfm
Vermont	http://www.autismtaskforce.com/white_paper.html (website of task force including white paper used for this table)
Virginia	http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/HD212002/\$file/HD21_2002.pdf
Washington	http://www5.doh.wa.gov/cfh/mch/Autism/Autism.htm (Website) http://www5.doh.wa.gov/cfh/mch/Autism/documents/2007_Report/ATFRptFinal1207.pdf (Report to the Governor)
Wisconsin	http://www.asw4autism.org/Legislature/taskforcereport.html

Pennsylvania's Report - Abbreviations

FSA	Family and Social Issues
IA	Information and Advocacy Subcommittee
FS	Funding Streams Subcommittee
Research	Research Subcommittee
EC	Education and Certification Subcommittee
MW	Developing a Medicaid Waiver
RI	Rural Issues Subcommittee Report
ES	Executive Summary

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Overview I						
	Lead Agency	Legislative Mandate	Task Force term	Individual w/ASD on Task Force?	Task Force Membership	Meeting Frequency
Alabama <i>(Cont on p. 13)</i>	State Legislators	HJR 23	3/20/2007 – third legislative day of 2008 Regular Session	No	25 individuals appointed according to HJR 23. Meetings held across the state. The Autism Collaborative Group informed the task force	Task force meeting frequency not known. Alabama Autism Collaborative Group meeting frequency not known.
Alaska <i>(Cont. on p. 13)</i>	The Governor’s Council on Disabilities and Special Education with The Alaska Mental Health Trust Authority	No	12/2005 – 4/2006	No	17 members	Met monthly over five months
California <i>(Cont on p.13)</i>	California Legislature	Yes	2005 – present	No	26 members involved in reviewed report.	Three face-to-face with teleconference meetings.
Colorado <i>(Cont. on p. 14)</i>	Dept of Education	No	10/1998 – present	Yes	31 individuals and subcommittees	Not known

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	Lead Agency/Office	Legislative Mandate	Task Force term	Individual w/ASD on Task Force?	Task Force Membership	Meeting Frequency
Connecticut <i>(Cont. on p. 14)</i>	Department of Education	No	First published report in 1996, was revised in 1998. <i>Guidelines</i> draft published in July 2005	Participant in focus group	7 focus groups; 93 participants. <i>Guidelines</i> – 27 task force members	Focus groups, grouped by region, met once. The report developed from this investigation led to the creation of the <i>Guidelines</i> .
Delaware <i>(Cont. on p. 15)</i>	Legislature	Yes: House Resolution 89				
Florida <i>(Cont. on p. 15)</i>	Governor	No	3/2008 – 3/2009	No	Not known	Not known
Hawaii <i>(Cont. on p. 15)</i>	Department of Education	ACT 200, HB 200, No. 200, HD 1, SD 1, CD 1, Part III, Section 49	Information collected during the 2002-2003 school year	No	Internal document from the Department of Education	Not known
Idaho <i>(Cont. on p. 16)</i>	State Departments of Education and Health and Welfare	No	December 11-12, 2003 – May, 2004. Final summit on May 20-21, 2004	No	36 participants in 2-day summit. Subsequent 7 person planning group	Planning group - not known
Illinois <i>(Cont. on p. 16)</i>	Illinois Department of Human Services/Office of the Governor	No, but in harmony with PA 093-0773 which passed after the task force began.	April 27, 2004 – September 1, 2005	Yes	7 committees, sub-committees for transition group (p. 5)	Not known
Indiana	Department of	No	January 2006 –	Yes	15 individuals	Monthly

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<i>(Cont. on p. 17)</i>	Education		December 2007			
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	Lead Agency	Legislative Mandate	Task Force term	Individual w/ASD on Task Force?	Task Force Membership	Meeting Frequency
Iowa <i>(Cont. on p. 17)</i>	Area Education Agencies' Special Education Directors' Task Force on Autism	No	April 1995 – January 1999	No	12 individuals	Not known
Kansas <i>(Cont. on p. 18)</i>	Governor	Senate Bill 138	August, 2007 – present (to end December 2008)	No	24 members; 20 voting, 4 ex-officio	Monthly
Kentucky <i>(Cont. on p. 18)</i>	Governor	House Bill 296, 3/18/2005; presented 10/1/2006	N/A	No	Four subcommittees	Unknown
Maine <i>(Cont. on p 19)</i>	Department of Education	No	9/1997 – 2/2000	No	14 individuals	Monthly
Maryland <i>(Cont. on p. 19)</i>	Department of Education, Division of Special Education/Early Intervention Services	No	11/1198 – 12/2004	No	Unknown	Unknown
Michigan <i>(Cont. on p. 20)</i>	Human Services Directors	No	1/7/2005 – 8/30/2006	No	Workgroup of 51 members; 5 subcommittees	Workgroup held 5 meetings; subcommittees unknown

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Overview I						
	Lead Agency	Legislative Mandate	Task Force term	Individual w/ASD on Task Force?	Task Force Membership	Meeting Frequency
Minnesota <i>(Cont. on p.20)</i>	Department of Human Services, Department of Children, Families & Learning	Yes 1997 Mandate Minnesota Statutes, Section 15.059 subdivision 6.	September 1997 - January 1999	No	22 individuals	Monthly
Mississippi <i>(Cont. on p.21)</i>	Governor	HB 1267	April 1, 2007 – December 1, 2007	No	15 individuals appointed per legislation	Three public hearings; 7, day long task force meetings; conference calls, individual interviews.
Nebraska <i>(Cont. on p. 21)</i>	Nebraska Department of Education; Special Populations Office	Special Education Advisory Council Ad Hoc Committee	September of 1998. This is a continuing committee with membership rotations.	No	15 task force members	Not known
Nevada	Nevada's Governor's Council on Developmental Disabilities	No	(NV Autism Summit) 1/2005 – 2/2006; (NV Autism Summit-2)	No No	NAS – 17 steering committee members; 4 core project members and 70 participants in summit meeting NAS2 – 10	NAS – one summit NAS:2 - 3 meetings

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(Cont. on p.22)			7/2006 – 12/2006		members	
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Overview I cont.						
	Lead Agency	Legislative Mandate	Task Force term	Individual w/ASD on Task Force?	Task Force Membership	Meeting Frequency
New Hampshire (Part One) <i>(Cont. on p. 22)</i>	New Hampshire Division of Developmental Services	No	November 2001 – 18 months	No	44 individuals divided into 5 sub-committees	Unknown
New Jersey Adults with Autism Task Force <i>(Cont. on p. 23)</i>	Governor	Yes	2007	Unknown	Unknown	Unknown
New York <i>(Cont. on p. 23)</i>	Plan to be established at Regional Meeting on Autism on April 10, 2008.	Plan to be established at Regional Meeting on Autism on April 10, 2008.	Plan to be established at Regional Meeting on Autism on April 10, 2008.	Plan to be established at Regional Meeting on Autism on April 10, 2008.	Plan to be established at Regional Meeting on Autism on April 10, 2008.	Plan to be established at Regional Meeting on Autism on April 10, 2008.
Ohio <i>(Cont. on p. 23)</i>	Office of the Governor	House Bill 95, 6/26/2003	1/2/2004 – 12/2004	Yes	22 members; 5 committees	Monthly for one year
Oregon <i>(Cont. on p. 24)</i>	Office of the Governor	Senate Bill 765, 1999. Oregon Law 1999; Chapter 1046	2/18/200 – 7/1/2000	No	10 individuals	6 full day meetings
Pennsylvania <i>(Cont. on p. 24)</i>	Department of Public Welfare	No	6/26/2003 – 12/2004	Yes	Over 250 members; 12 subcommittees	Monthly plus teleconferences, e-mail, and Yahoo listserv
South Carolina <i>(Cont. on p. 25)</i>	South Carolina Autism Society	Yes	12/17/2003 - 5/15/2005	No	10	Not known

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Overview I cont.						
	Lead Agency	Legislative Mandate	Task Force term	Individual w/ASD on Task Force?	Task Force Membership	Meeting Frequency
Texas	Texas Department of Aging and Disability Services	Yes, Senate Bill 882	1997 – present	No	7 at-large members, majority are family members 1 or more reps from Dept of Aging and Dis Services; Dept of State Health Serv.; Health and Human Services Commission; Texas Ed Agency; Dept of Assist and Rehab Services; Dept of Fam Protective Services. Considered ex officio.	At least quarterly – one meeting must be in conjunction with the statewide conference.
<i>(Cont. on p. 26)</i>						
Vermont	Agency of Human Services & Department of Education ASH, DOE and Autism Society	No; request of Act 264 Advisory Board No: recommendation from White	White paper published in March 2006; Task Force meetings June 2002 - present	No No	White paper – two autism specialists Task Force – 27 members	The two specialists worked together. Their meeting schedules were not described. Task Force – 2-3 hour monthly meetings around the state of Vermont.

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(Cont on p. 26)	of Vermont	Paper				
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Overview I cont.						
	Lead Agency	Legislative Mandate	Task Force term	Individual w/ASD on Task Force?	Task Force Membership	Meeting Frequency
Virginia (Cont. on p. 27)	Department of Education	HJR 228, 1/24/2000	10/1/2000 – 7/31/2001	No (Appendix B)	Primary study group (6); Advisory Panel (18)	Study Group – 2 full day meetings, telephone and e-mail input; Advisory Panel – 2 full day meetings, e-mail input
Washington (Cont. on p. 27)	Office of the Governor	No	July 2007 to present	No	15 members along with 7 DOH staff members	Monthly
Wisconsin (Cont. on p. 27)	Office of the Governor	No	5/2004 – present	No	13 council members appointed by the Governor	Quarterly, the third Monday of the selected month.

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Overview II	Mission	Methodology	Unique Characteristics
Alabama <i>(From page 6)</i>	<p>“The Task Force shall study in depth the challenges for diagnosing and treating autism in our state and shall report its findings, conclusions, and recommendations for proposed reform legislation to the Legislature not later than the third legislative day of the 2008 Regular Session, whereupon the task force shall stand dissolved and discharged of any further duties and liabilities” (HJR 23 p. 3).</p>	<p>For Task Force – unknown.</p> <p>For Collaborative Group – reviewed current research and programs related to ASD; held seven community and family forums (attended by 352 AL citizens); conducted online parent survey (completed by 180 caregivers and individuals with ASD); collected online comments from 170 individuals; 4 key informant interview.</p>	<p>The Task Force took findings from the Collaborative Group to proposed changes to the service delivery system in Alabama.</p>
Alaska <i>(From page 6)</i>	<p>“to examine the current status of services needed by people with ASD and their families and make recommendations to the Legislature and state policymakers.” (p. 11)</p>	<p>Unknown</p>	<p>The Alaska report is very reader friendly with appropriate white space, graphics, and succinct organization. Appendix A is the committee’s proposed definition of autism.</p>
California <i>(From page 6)</i>	<p>“the Commission shall identify gaps in programs, services, and funding related to the early identification of autism spectrum disorders and provide recommendations to close the identified gaps.”</p>	<p>Each of the three task forces within the commission met for 3 day-long meetings. The three task forces included: Early Identification & Intervention (EII); Education and Professional Development (EPD); and, Transition Services & Supports (TSS). Written comments were also submitted by parents.</p>	<p>The Commission put together a very well organized, easy to navigate website with accessible information. Included in the webpage is a “What’s New” link that takes the user to current legislation. Each report also contains proposed analyses and a work plan.</p>

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Overview II	Mission	Methodology	Unique Characteristics
Colorado <i>(From page 6)</i>	Establish: greater public awareness of autism in general; the foundation for a network of statewide resource; a set of guiding principles for service; a set of guiding principles for the training; identify guidelines for measurable education and instructional goals for education; provide info for services to parents and service providers	Brought together current research and reliable diagnosis definitions to create their plan.	The Task Force created three resources: the Manual for Working with Children with Autism Spectrum Disorder; a Determination of Eligibility Form; and a worksheet for assisting multidisciplinary assessment teams in organizing results from multiple assessments related to educational identification.
Connecticut <i>(From page 7)</i>	“In an effort to keep current with research and state and federal mandates, and to provide Connecticut’s students, families and instructional staff with current, research-based information, the Connecticut State Department of Education in 2002 embarked on revising the <i>Report of the Connecticut Task Force on Issues for the Education of Children with Autism</i> , which resulted in the current document.” (p. 2)	Six focus groups which included parents and providers ranging from education to direct service care (lists on p. 1) attended one of six sessions. A seventh group consisting of medical and university personnel also met. The focus groups lasted 2 hours with an average of 15 to 18 participants per group. Guidelines were established for the groups covering issues such as consensus, individual opinions, moderated discussion, anonymity, and common courtesy (p. 2). The current writers met with the writers of the original 1996 report. Written feedback from the community was solicited and state directors were contacted to any additional	In the process of creating these guidelines, the task force listened carefully to comments about interpretation and use of “guidelines” within their educational system. They asked two important questions: how do the Guidelines support or advance learning and positive outcomes for children and youth with autism spectrum disorders as well as support their families; and, how do the Guidelines support or model evidence-based instruction for children and youth with autistic spectrum disorders? There are no recommendations within the <i>Guidelines</i> .

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Overview II	Mission	Methodology	Unique Characteristics
Delaware <i>(From page 7)</i>	1. Clarify what the autism spectrum is and disabilities it includes; 2. Estimate the number of individuals this may include; 3. Identify currently existing services and limitations; 4. Review services of other states; 5. Identify services that are needed; 6. Determine how services could be delivered in a cost-effective manner.	Not known	This report focused solely on the needs of adults with ASD. Though the link from the website states this is the full report, the title of the report is Task Force to Review Needs for Adults on the Autism Spectrum: Autism Definition and Scope Subcommittee.
Florida <i>(From page 7)</i>	Coordinate and review agency and organization work, encourage partnerships and resource sharing, development of a family-focused, website, investigate diagnosis and intervention strategies, and encourage screenings.	Not known	Not known
Hawaii <i>(From page 7)</i>	This legislative report came from Hawaii's DOE and provided an update on their services.	The report overviewed the current funding sources, current personnel, and current efforts by the DOE.	It was reported that Task Forces were organized to develop Best Practice Guidelines in Assessment of students with ASD, Best Practice Guidelines for ASD Programming and Classrooms, and Guidelines for the procurement of Contracted Services. These documents could not be procured.

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Idaho <i>(From page 7)</i>	To gather input from participants to improve services to, and outcomes for children and youth with autistic spectrum disorders and their families.	December Summit – to gain input on 5 specific questions. Planning group – “...to plan for convening workgroups to finish the recommendation and develop an action plan for the agencies to present to the entire participant group” (p. 7). May Summit – 6 task groups reviewed and commented on the recommendations made by planning group. They used Mark Friedman’s Results Accountability method.	This state’s task force members utilized a specific, published method (Mark Friedman’s Results Accountability) to finalize their recommendations. The method is marketed to state level organizations for identifying precise and realistic accountability measures.
Illinois <i>(From page 7)</i>	Five goals: To provide initiatives focused on best practice in diagnosis and treatment; To provide educational opportunities for provider needs; To support existing systems; To work with universities and providers it ID untapped resources; To encourage and support research efforts.	43 members, 5 committees, 3 subcommittees under transition.	Within the Road Map part of the plan (beginning on page 6), the task force chose to lay out very specific points under each of the focus areas

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Overview II	Mission	Methodology	Unique Characteristics
Indiana Complete 2/12/208 <i>(From page 7)</i>	“To improve the academic and functional skill development of children with an Autism Spectrum Disorder (ASD) through the development of regulations, and/or standards of practice.”	“The first strategy was a comprehensive review of task forces across the country with regard to their systems of development, identified missions, and relevant issues specific to autism spectrum disorders (see Appendix III). Second, the group discussed informal feedback from consumers across home, community, educational and medical systems. Third, the Task Force invited speakers to present on specific topics related to the autism community.”	This report contains a thorough description of the methodology used, the topics discussed and the speakers who presented those topics. This collection of recommendations also came from this task force.
Iowa <i>(From page 8)</i>	To determine guidelines that set standards “for ongoing training provided by the Regional Autism Services Program and quite of services across rural, less populated areas, urban and metropolitan regions” (p. 1).	Not known	This collection of best practices in assessment and interventions were organized competency and the divided into the categories of ideal, acceptable and not acceptable.

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Overview II	Mission	Methodology	Unique Characteristics
Kansas <i>(From page 8)</i>	Study and conduct hearings in the areas of: realignment of state agencies; availability/accessibility of services (screening/diagnosis/support/etc); increasing qualified professionals; benefits currently available; creation of a possible statewide registry; creation and design of financial assistance; establishment of hotline; additional funding sources for programs; developing recommendations for best practices in early intervention.	5 main subcommittees: Registry/Information Dissemination; Best Practices; Professional Development; Insurance; Education/Funding. Subcommittees meet between monthly meetings by the overall task force.	The Best Practice subcommittee pulled together a document outlining what qualifies as evidence-based practices along with a list of references.
Kentucky <i>(From page 8)</i>	“The stated purposes of the Commission are to develop and monitor the implementation of a comprehensive state plan for an integrated system of training, treatments, and services for individuals of all ages with ASD, and to make recommendations regarding legislation, administrative regulations, and policies to the Governor of Kentucky and the Kentucky General Assembly.” (p. 5)	“The Commission formed four subcommittees to analyze relevant data, to hear testimony from interested parties, and to make specific recommendations to be incorporated into the comprehensive state plan as required by House Bill 296. These subcommittees included: Early Identification and Intervention; Best Practices and Training of Services Providers; Services and Transition; and, Funding Sources.” (p. 5)	The commission that filed this report is based on work done by the Autism Spectrum Disorders Advisory Consortium (ASDAC). The ASDAC was formed in March, 2002, and was charged with providing a unified voice to assist State Interagency Council for Services to Children with an Emotional Disability in understanding the needs of children and youth with autism spectrum disorders. ASDAC published its findings in June, 2002 (See a copy of <u>Recommendations: A Framework for the Future.</u> ” (. 5)

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Overview II	Mission	Methodology	Unique Characteristics
Maine <i>(From page 8)</i>	<p>“The MADSEC Autism Task Force will perform a detailed analysis of methodologies with which to educate children with autism. This analysis will focus upon the scope and quality of scientific research which objectively substantiates, or fails to substantiate, each method’s effectiveness. Based upon the research analysis, the MADSEC Autism Task Force will make recommendations for the consideration of decision makers who are key to the intervention of children with autism.” (p. 3)</p>	<p>Conducted a “thorough examination of numerous methodologies considered as interventions for children with autism.” (p. 6) Information and research pertaining to eight interventions routinely used for children with autism were evaluated and characterized as meeting one of four criteria” (p. 4).</p>	<p>This report only focused on interventions and how they weighed out within a research-based model.</p> <p>Unlike other task forces that covered several topics, his task force performed a thorough analysis of multiple methodologies focused on educating children with autism.</p>
Maryland <i>(From page 8)</i>	<p>To determine the existing methodology, medication, and models for delivery of services to infants, toddlers and preschoolers; clarify the issues which impact the effective delivery of early intervention and preschool special education services to children and their families; identify the funding sources and allocations, which are available and may be needed to provide services; propose recommendations for a statewide policy.</p>	<p>Reviewed, discussed and analyzed methodologies, funding stream options, and examined the ways in which the significant increase of children with autism was impacting the capacity of early intervention and preschool special education programs to delivery services.</p>	<p>The task force members “engaged in intense deliberation on the issue of hours of services in an attempt to balance the research supporting best practices documented throughout the country and the necessity of services based on the individual needs of a children with autism.” Ultimately, the task force recommended a minimum of 10-20 hours for children between ages of birth and three and a minimum of 15-30 hours for children between the ages of three and five.</p>

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Michigan <i>(From page 8)</i>	<p>“To engage in a planning process that will produce recommendations to assure appropriate screening to identify children with ASD and to assure appropriate assessment, diagnosis and treatment/interventions for children, ages 0-6, with ASD, making available to parents choice of practices that are evidence based and effective, based on the consensus of experts, including clinicians and parents” (p. 1).</p>	<p>The subcommittees used a consensus process to develop their recommendations. These recommendations were then posted on a password protected website for workgroup members and other stakeholders to review and provide feedback. These comments were ultimately incorporated into the recommendations which were submitted for approval to the ASD Planning Workgroup.</p>	<p>Michigan utilized the web’s capabilities more than other states to collect feedback and engage stakeholders.</p>
Minnesota <i>(From page 9)</i>	<p>“Review current status of ASD, treatment options and methods, the scope of funding resources and the role of education, state, county and private agencies in providing services to children with ASD.” An additional group met to further study this information and develop recommendations.</p>	<p>The task force studied ASD and the various programs, collected data from education and human service departments and disseminated a survey to parents throughout Minnesota. Subgroups included state reports, funding, and services and agencies.</p>	<p>Minnesota created a survey for parents of children 9 and under. It looked at when the child was diagnosed, but whom, the initial diagnosis, whether the child received early intervention services, how the child’s services in school were determined, the therapies received, and health care issues.</p>

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Mississippi <i>(From page 9)</i>	To review best practices from other states; review standards in Mississippi schools, locate potential funding sources, identify measurable educational and instructional goals; investigate medical availability of early screening and diagnosis; identify the role of higher education in Mississippi for educator and service provider preparation; identify other important and relevant information for legislators concerning seamless services between education and the medical field; file the final report (p. 4).	The Task Force utilized surveys, public forums and hearings, individual interviews, and other formats to gain public input. They also consulted with state, regional and national experts to identify best practices and gaps in services. Other specifics are not described.	Mississippi's report contained more information specific to workforce issues than other statewide reports. They also looked specifically at medical treatment and intervention in a more thorough and in-depth way.
Nebraska <i>(From page 9)</i>	To provide advice to the Nebraska DOE, the Special Education Advisory Council, and to the University of Nebraska on: the delivery of appropriate services; the review of research and methodologies; the review of due process trends; recommendations for educators, parents and the community and recommendations for teaching competencies.	All information and recommendations written were agreed upon through a consensus vote.	This task force conducted a review of all due process filings that dealt with ASD and provided the Nebraska DOE with a report on those findings.

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Overview II	Mission	Methodology	Unique Characteristics
Nevada <i>(From page 9)</i>	<p>NAS – The project goals included collecting input from stakeholders affected by PDD/ASD; analyzing that feedback to create recommendations focused on current and future needs; and, to begin pursuing private, state and federal funding to support the recommendations (p. 2).</p> <p>NAS:2 – This project built on the outcomes of the previous project to improve the lives of individuals with PDD/ASD and to propose an action plan to meet that vision (p. 3).</p>	<p>NAS – The core team members designed surveys, the steering committee provided feedback, and then surveys were distributed across Nevada with 524 surveys returned by parents and providers. 70 individuals attended a summit where the results of the surveys and other information were discussed by breakout groups. Prioritized principles/values and recommendations were outcomes of this summit (pps. 2-3).</p> <p>NAS:2 – the above outcomes were used by this team to establish an action plan for Nevada (p. 3).</p>	<p>This project was created through a grant process by the Nevada Governor’s Planning Council to meet specific goals.</p> <p>In the report from the NAS, there is a nice summary of the information collected via the surveys. It describes the differences parents and professionals have when it comes to issues around PDD/ASD.</p>
New Hampshire (Part One) <i>(From page 10)</i>	<p>“...to examine issues affecting care, treatment, and quality of life of individuals with autism spectrum disorder (ASD)” p. 2</p>	<p>5 subcommittees: Etiology and Diagnosis of ASD, Interventions and Treatment Approaches, the Role of Publicly Funded Agencies, Accessibility and Inclusion, and Statewide Capacity Building</p>	<p>The subcommittees provided an in-depth overview of their topic areas within 2 separate reports. The report included in this summary provides a thorough review of current literature in the areas of etiology and diagnosis along with interventions and treatment approaches.</p>

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Overview II	Mission	Methodology	Unique Characteristics
New Jersey (From page 10)	“This document, the New Jersey Autism Program Quality Indicators (APQI), was developed to identify research-based indicators found in successful programs.” (p. v)	“The panel reviewed research findings and best practice models with a major emphasis on the conclusions and recommendations of the National Research Council and on documents from other states, especially the Autism Program Quality Indicators produced by the New York State Education Department.” (p. v)	This document focuses only on best practice models and relies on the recommendations made by the National Research Council and New York’s Autism Program Quality Indicators to measure quality.
New York (From page 10)	Plan to be established at Regional Meeting on Autism on April 10, 2008.	Plan to be established at Regional Meeting on Autism on April 10, 2008.	Plan to be established at Regional Meeting on Autism on April 10, 2008.
Ohio (From page 10)	“To present a set of recommendations based upon its findings to the Governor, Speaker of the House, and President of the Senate (p. 1).”	Meetings held monthly for 12 months with 5 committees focusing on identification and diagnosis, appropriate services, appropriate funding, services over the lifespan, and the development of a Medicaid waiver. Eight regional forums were also held to gain stakeholder input.	The report only offers one page with an introduction of overview. The remainder of the 9 page report provides 43 one sentence recommendations with a brief supporting paragraph below. It is, possibly, the most succinct report of those reviewed for this table.

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Oregon <i>(From page 10)</i>	To “review the Department of Education Autism Implementation Plan and other relevant information. Further, the Task Force was directed to make legislative recommendations regarding the development and implementation of a continuum of educational services for students with Autism Spectrum Disorder, including but not limited to a state residential school for students with Autism (p. 1).”	Held 6 full day meetings. Reviewed documents about autism services from across the nation and listened to presentations about educational and residential services. The public were also welcomed to express their issues and ideas.	Oregon’s task included the examination of residential placement. This was the only state to include that specific focus within their overall list of tasks.
Pennsylvania <i>(From page 10)</i>	To focus on current practices, problems and potential solutions in the following areas: family and social issues, education and certification, information and advocacy, rural issues, research, funding streams, developing a Medicaid waiver, early intervention (ages 0-5), needs of children (ages 6-12), needs of adolescents (ages 13-18), transition to adulthood (ages 18-21), and needs of adults (ages 21 and over) (p. 1).	After an initial meeting, each committee met in person and by telephone to develop a report on their area. The reports were circulated within the task force first for comments and were then sent out to the public for a three month comment period. Revisions were built into the final reports (p. 2)	Within the Executive Summary, the task force members document eight broad themes found within the 12 committee reports (p. 2).

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Overview II	Mission	Methodology	Unique Characteristics
South Carolina <i>(From page 10)</i>	<ol style="list-style-type: none"> 1. inventory current training and education options for identifications, assessment, intervention, treatment, and support across the lifespan of a person with autism; 2. assess current training and education available within the State; 3. determine needs that are not met in the areas of training and education; 4. compile a report and plan of action to address identified areas of need, including projected costs, revenues, and outcomes, recommend possible public and private sources of financial supports; and, 5. make training and education recommendations that relate to programs and practices grounded in scientifically-based research. 	<p>Collect information from the Department of Disabilities and Special Needs, Dept of Education, Dept of Health and Human Services, Dept of Mental Health, Babynet, Dept of Vocational Rehabilitation, developmental pediatric departments located in South Carolina hospitals, Univ of South Carolina University Center for Excellence in Dev. Dis., institutions of higher learning including, but not limited to, MUSC, USC, and Clemson; and, six family members or guardians of people with autism, one from each congressional district.</p>	<p>The plan itself was not available for review. The legislation, however, was dated earlier than most and showed thorough thinking and a desire to gather broad knowledge.</p>

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Texas <i>(From page 11)</i>	<p>“The Council's mission is to advise and make recommendations to state agencies and the state legislature to ensure that the needs of persons of all ages with autism and other pervasive developmental disorders and their families are addressed and that all available resources are coordinated to meet those needs.”</p>	<p>Address contemporary issues including: (1) intervention and treatment strategies; (2) personnel training and education; (3) referral, screening, and evaluation services; (4) day care, respite care, and residential care services; (5) vocational and adult training programs; (6) public awareness strategies; (7) contemporary research; (8) early identification and diagnosis strategies; (9) family counseling and case management; and (10) recommendations for monitoring service programs.</p>	<p>The Texas Council on Autism and PDD has been a continually active body since 1987. Based on the review within this summary, it appears to be the longest running, legislatively established council in the country.</p>
Vermont <i>(From page 11)</i>	<p>“To coordinate the efforts of interested parties who serve individuals with autism spectrum disorders and their families, and to promote the implementation of best practice throughout the state of Vermont” (Task Force Website).</p>	<p>White paper – two autism consultants reported on: current population, evidence-based practice, roles of agencies/schools, current and projected needs, and family-centered support.</p> <p>Task Force – The creation of a “toolkit” by investigating treatments against an efficacy rating scale (Task Force Website)</p>	<p>The State of Vermont Autism Task Force website is extremely easy to navigate and held all of the information reported in this table. It was important to report of both the White Paper and the work of the task force because the recommendations of the former led to the continued actions and recommendations of the latter.</p>

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Virginia <i>(From page 12)</i>	To “student the services available for children with autism and pervasive developmental disorders” (p. iii).	Surveys, group discussions, focus groups, informal interviews, existing databases and reviewing current literature. Five areas were studied including: demographics, availability of professionals, levels of expertise, adequacy of available services, and efficacy of treatment. All methods were approved through an IRB process with the Virginia Commonwealth University and the Virginia DOE (p. iii).	This report was written based on research practices reviewed by an internal review board. The written document is organized to provide an preface and executive summary, both of which are helpful in accessing quick information and an overview of the study’s outcomes.
Washington <i>(From page 12)</i>	The task force is now developing implementation plans and costs assessments based on the initial report they submitted to the Governor in December of 2006.	Utilizing the 31 recommendations within four categories of the December 2006 report, the current task force report includes their plans for implementations and cost projections six specific areas.	Appendix 4 has a listing of Task Force Legislation by State. As of the printing of this report (December 2007), there were 23 states included.
Wisconsin <i>(From page 12)</i>	To continue the work of the original Task Force on Autism and to focus on: “provider staff training issues, provider and parent strategies to recruit and retain staff, provider outreach efforts to recruit parents to work as staff, and alternative approaches to the current age restriction policy in the intensive phase” (home page of Autism Council)	The Council was an outgrowth of a Task Force that was assembled prior to February of 2005. Since the development of The Council, a list of eleven priorities are identified.	The continuity of The Council and the fact that The Council’s work was built on a prior Task Force.

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